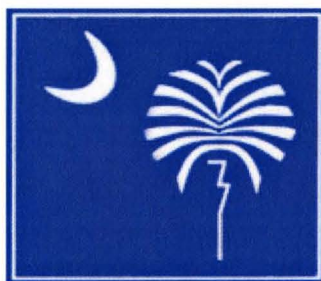


**WHY DID AUTISM TRAINING ATTENDANCE  
DECREASE WHEN THE PREVALENCE OF AUTISM  
ACROSS THE STATE IS STEADILY ON THE  
INCREASE?**

**Submitted in Partial Fulfillment of the Requirements for  
Certified Public Manager  
Office of Human Resources**



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**Submitted January 23, 2009**

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**Why did autism training attendance decrease when the incidence of autism across the state is steadily on the increase?**

**Problem Statement:**

Several state agencies gather and house documentation on various disabilities to include autism in South Carolina. The Department of Disabilities and Special Needs (DDSN) is one of the agencies that captures the number of people diagnosed with autism across the state and provides various Medicaid and state supported services to the autistic population. Others include the Department of Education, Department of Social Services, Social Security Administration and the Department of Health and Environmental Control. The SC Department of Disabilities and Special Needs provides services for the severe, lifelong disabilities of mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and related disabilities (SC DDSN, 2008).

The Autism Division is the branch of the Department of Disabilities and Special Needs that handles issues regarding individuals with autism and the people who deal with them on a regular basis. The three main service areas of the Autism Division are Diagnosis, Consultation, and Training. Autism Division offices are located in Spartanburg, Columbia, Florence, and Charleston. One of the Autism Division's primary missions is to provide effective training to families, professionals and other people involved with individuals with autism. The ultimate goal of all Autism Division training is to improve the lives of people with autism living in South Carolina (SC DDSN, 2008).

Autism is now a common phenomenon. Autism is a complex developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others, defined by a certain set of behaviors and is a "spectrum

disorder" that affects individuals differently and to varying degrees. There is no known single cause for autism, but increased awareness and funding can help families today (Autism Society of America (ASA), 2008).

We see autism ads on television and radio, autism bumper stickers, autism lapel pins, and many household items with the autism logo, such as shirts, duffle bags and hats. It would seem that communities would rally around this new cause that's stirring up the state of South Carolina, or at least try to figure out why it's increasing at such a great rate. Although not new to families who have loved ones with autism, autism is beginning to become common conversation at church, on the playground, in office break rooms, and in schools. Many times the child with autism is the son or daughter of our co-worker or child of our supervisor.

With so many people not knowing what is autism, and lack of understanding how to communicate and interact with an autistic person, it would seem natural that people would want to know more about it. Knowing about autism, knowing what to do in specific situations, and knowing how to support someone with autism is vital to their growth and independence. The impact on the family is great and having support during those tough times provides encouragement and strength for the mom who has not had the chance to sleep through the night because her child has not slept in 3-4 days, or the dad who thinks his little leaguer may never play baseball.

Currently, ASA estimates that the lifetime cost of caring for a child with autism ranges from \$3.5 million to \$5 million, and that the United States is facing almost \$90 billion annually in costs for autism (this figure includes research, insurance costs and non-covered expenses, Medicaid waivers for autism, educational spending, housing, transportation, employment, in addition to related therapeutic services and caregiver costs) (Autism Society of America, 2008).

New cases are diagnosed nearly every 20 minutes; about 24,000 new cases in the United States per year; 1 in 94 males have some type of autism spectrum disorder (Talk About Curing Autism, 2008).

The statewide data total of autism for the DDSN as of March 5, 2008 was 3,087. Of those 82 % are male, 18 % are female (Appendix A). As of December 10, 2008, the statewide total increased to 3,202, an increase of 4 % in nine months; of which 82% are male and 18% female (Appendix B). The Center for Disease Control and Prevention and Autism and Developmental Disabilities Monitoring Network released data in 2007 that found about 1 in 150 8-year-old children in multiple areas of the United States had an Autism Spectrum Disorder. The Prevalence is the number of existing disease cases in a defined group of people during a specific time period. Public health professionals use prevalence measures to track a condition over time and to plan responses at local, regional, and national levels (Center for Disease Control, 2008) (Appendix C). Fighting Autism, an advocacy organization, gathers public school rankings of prevalence of autism. They report the autism prevalence in public school for the 2006-2007 school years in South Carolina to be 1 in 258 children (Fighting Autism, 2008).

With the increased prevalence of autism, the number of persons requesting knowledge of autism through DDSN's statewide training program has decreased. DDSN offers consultation for families, educators and service providers; evaluations for eligibility determination; training for professionals and families; and treatment planning and planning for families. DDSN offers various levels of autism training to all interested persons free of charge. In an effort to reach out to small communities and rural areas, we offer trainings throughout the state at our regional offices located in Columbia, Charleston, Florence, and Spartanburg. Annually, DDSN publishes

a training calendar on our web site and send hard copies of the training booklet to several hundred private providers/ agencies, families, and schools.

**Data Collection:**

The purpose of data collection will be to determine the cause of the decrease in attendance at autism trainings, across regions, and to determine if the autism training is or is not effective and efficient to meet the current need of families and professionals. Methods used to collect data include identifying number of individuals diagnosed with autism over the past three years, differentiating the spectrum disorders, and reviewing training attendance total across the state. A comparison of DDSN prevalence and CDC prevalence will be examined as well.

It is also important to identify what trainings are consistently cancelled or least attended to see if it is a training that truly meets the need of families and professionals. Review of training evaluations will identify new needs or suggestions from training attendees not yet pursued and/ or suggestions to improve training; additional review will note special requests for trainings not included in training booklet, analysis and percentage of trainings attended or cancelled. Emails will be sent to training participants that have canceled their training registration or simply failed to show up for training to see if there is a correlation between the two.

There will be a random selection of training booklets that were mailed and compared with the Central mailing list to see if addresses housed in Autism database are correct. Many training booklets were returned by the post office for various reasons.

The purpose of collecting data will allow our agency to identify, explore, and graphically display possible causes why training attendance has decreased. The Cause & Effect/ Fishbone

Diagram will be used. The Cause & Effect/ Fishbone Diagram will build support for finding the resulting solutions.

### **Data Analysis:**

DDSN offers three levels of training to include standard, advanced and specialized. The schedule of annual trainings is located on the DDSN web site ([www.state.sc.us/ddsn/autism/AutismTrainingBrochure2008-09.pdf](http://www.state.sc.us/ddsn/autism/AutismTrainingBrochure2008-09.pdf)) and the Autism Division training booklet. Specific trainings require prerequisites (see appendix D). The training booklet provides valuable information about the Autism Division, description of training sessions, availability of continuing education credits, suggested audience and time, date, and location of each training. For trainings that require prerequisites, a brief note is included. Many of the trainings are competency based, requiring an acceptable quality for validation of material learned.

The DDSN has four Autism Divisions strategically located across the state to best serve the needs of the autistic population. The data gathered will reflect totals from Midlands, Coastal, Pee Dee, and Piedmont areas. Review of the data yields the following.

The administrative staff sends an average of 2000 training booklets from the Central Office address database, 500 are sent from each of the four regional offices to total 4000 booklets sent. Any booklets returned from either Central Office or the regional offices are sent back to Central Office. Administrative staff corrects address for booklets sent from Central Office or deletes them from the database if address can not be validated. Administrative re-sends the returned booklets to the regional offices to get correct address. If the regional offices can not get correct addresses, they are deleted from the regional database for next year. Appendix E

reflects the percentage of training booklets returned for incorrect or incomplete address.

Average return percentage is 1-2 %.

For fiscal years 2004-2008, graph A, the Autism Division statewide attendance has decreased from 1254 to 723, a 42% drop of 531 training participants. The most attended sessions were Introduction to Autism and Basic Treatment Strategies, both standard trainings; however, Introduction to Autism is a prerequisite for Basic Treatment Strategies, graph B. Introduction to Autism presents introductory information about autism, to include characteristics, causes, and general overview of current treatment options. Basic Treatment Strategies presents basic information about autism and treatment strategies, which have been proven to be effective with people who have autism. Basic Treatment Strategies offers lecture, small group activities, and role plays. Review of data reflected the most number of training sessions were in 2007, along with highest corresponding attendance, graph C.

Data was collected to determine the least attended or cancelled trainings for 2004-2008. Graph D depicts the trainings that were cancelled or had attendance of zero. For various reasons training sessions listed in the training calendar would be cancelled, therefore further lowering the number of training sessions. For two years, 2004 and 2007, each year had two trainings least attended, however, each of the cancelled trainings were different. Three of the least attended or cancelled trainings were advanced trainings, competency based training. After review of the data, a more comprehensive training cancellation policy should be explored.

Review of the most recent training evaluations, Basic Treatment Strategies and Introduction to Autism, identified the majority of training participants were pleased and the group overall felt the trainings were extremely useful. Training evaluations gave the participants



an opportunity to rate the training in several categories on a scale of 7 to 1, extremely well to extremely. Questions include:

1. How well or poorly did this training meet its stated objectives?;
2. How well or poorly did the instructor (s) present the material?;
3. How well or poorly did the instructor respond to your concerns?;
4. How practical or impractical was the information in terms of doing your job?;
5. Overall, how useful or non-useful was the training for you?

Training participants are also encouraged to write comments on the training evaluation to provide feedback to the trainers. Feedback cited on the Introduction to Autism training evaluation summary stated the need to “go [speak] in more depth ways to combat issues related to autism.” Feedback cited on the Basic Treatment Strategies training summary requested the Autism Division to “Please come to Greenwood SC and provide training due to the fact that Spartanburg is even too far,” and “I would recommend a little more hands on tasks for the group. Overall, wonderful and super job!”

There were two cancellations for the Introduction to Autism training. One of the participants cancelled to attend the Basic Treatment Strategies that was a few weeks later, that covered some of the same material in the Introduction to Autism training. The other participant was unable to be reached.

There were two cancellations for the Basic Treatment Strategies training. One of the participants cancelled due to schedule conflict (needing to catch up a few speech therapy sessions that were missed the previous month). The contact information for the other participant was not valid.

The Cause and Effect/ Fishbone Diagram (graph E) reflect many issues related to low attendance for training. The Autism Division Director, the Columbia Area Autism Administrator and three Autism Consultants participated in the development of the Fishbone Diagram. It was important to understand that there are various reasons people don't attend training. The Fishbone Diagram allows analysis and understanding of family and professional issues. The fact is that some families don't understand autism and the impact of having a child or loved one with autism. Simply knowing what to do when a child with autism is having difficulty at home, school or the mall is invaluable. Anxiety, frustration, and confusion manifest itself in different forms, in different situations, at different times. Often times families are frustrated, stressed, due to the severity and complex behaviors of individuals with autism. Issues discussed not being able to take off work to come to trainings that are held during the day or child care if the training is in the afternoon. Location plays a tremendous factor if the closest training is 2 hours away or the family has transportation difficulty. Discussion included possibly offering more sessions of Introduction to Autism.

Autism Division trainings are structured to teach families techniques of how to address aberrant behaviors, and the division will provide a consultant to come to the home to teach families how to implement techniques.

#### **Implementation & Evaluation Plan:**

Analysis yields specific actions should be taken to improve the Autism Division training process. Listed are implementation and evaluation plans.

1) Better advertise Autism Division trainings to school districts and provider agencies by making specific contact with special education directors and training coordinators to offer

training free of charge. This contact should occur in August of each year to correspond with the academic school year. Continuing education credits are available for teachers and speech language pathologists. Each consultant is responsible for consulting with specific counties in the state, so the consultant will contact those schools and provider agencies in their assigned counties;

2) Continue to meet the needs of professionals and agencies in providing onsite training for their employees. Since each consultant is responsible for consulting with their specific counties in the state, the consultant will contact key agencies to offer training as a part of their professional development programs. Consultants will be encouraged to have a follow-up training session scheduled before leaving, thus leaving the door open for a future training;

3) Develop a comprehensive cancellation policy to include asking why they will not be able to attend the training session and documenting. The documentation will assist in scheduling future trainings or deciding to drop a particular training from the training calendar and add one that better meets the needs of the state of South Carolina. The cancellation policy for trainings will be reviewed by the Division Director to see if the trainings that are consistently being cancelled should be replaced by a new training topic. Evaluation of a good training program is to see what internal changes are necessary for the survival of the program;

4) Annual Regional Team meetings of the next fiscal year training calendar. Consultants should meet to discuss the current training sessions, discuss the greatest need or most requested trainings, taking into account the reasons why, if any trainings were cancelled. The Fish Bone Diagram can be discussed and reviewed at this and other the Regional staff meetings to better understand the issues preventing people from attending;

5) Discussion of training summaries after each session to debrief will provide immediate feedback of the training session. Since consultants have busy schedules and are often working out of their offices, this provides the time and opportunity to reflect on issues raised or recommendations for improvement. Discussion should focus on continuous quality improvement. The Autism Division will continue to collect Training Evaluation Summaries as a tool for determining if the needs of the training participant have been met each training session. The Autism Division has implemented a debriefing 30- minutes after each training to review training summaries and discuss trends of continuously reported recommendations. This allows dialog about the strengths or weaknesses of the training.

#### **Summary and Recommendations:**

After further exploration of the Fishbone Diagram why training attendance has decreased, it was concluded that there are many autism trainings occurring in different formats, meeting the needs of many family members.

The South Carolina Autism Society offers a 2-hour Introductory Autism class every four months free of charge in the evening 6:00- 8:00 pm. The time that this training is offered is ideal for working parents or family members, professionals, teachers or instructional assistants wanting to gain knowledge of autism. There are no prerequisites for any of the South Carolina Autism Society trainings.

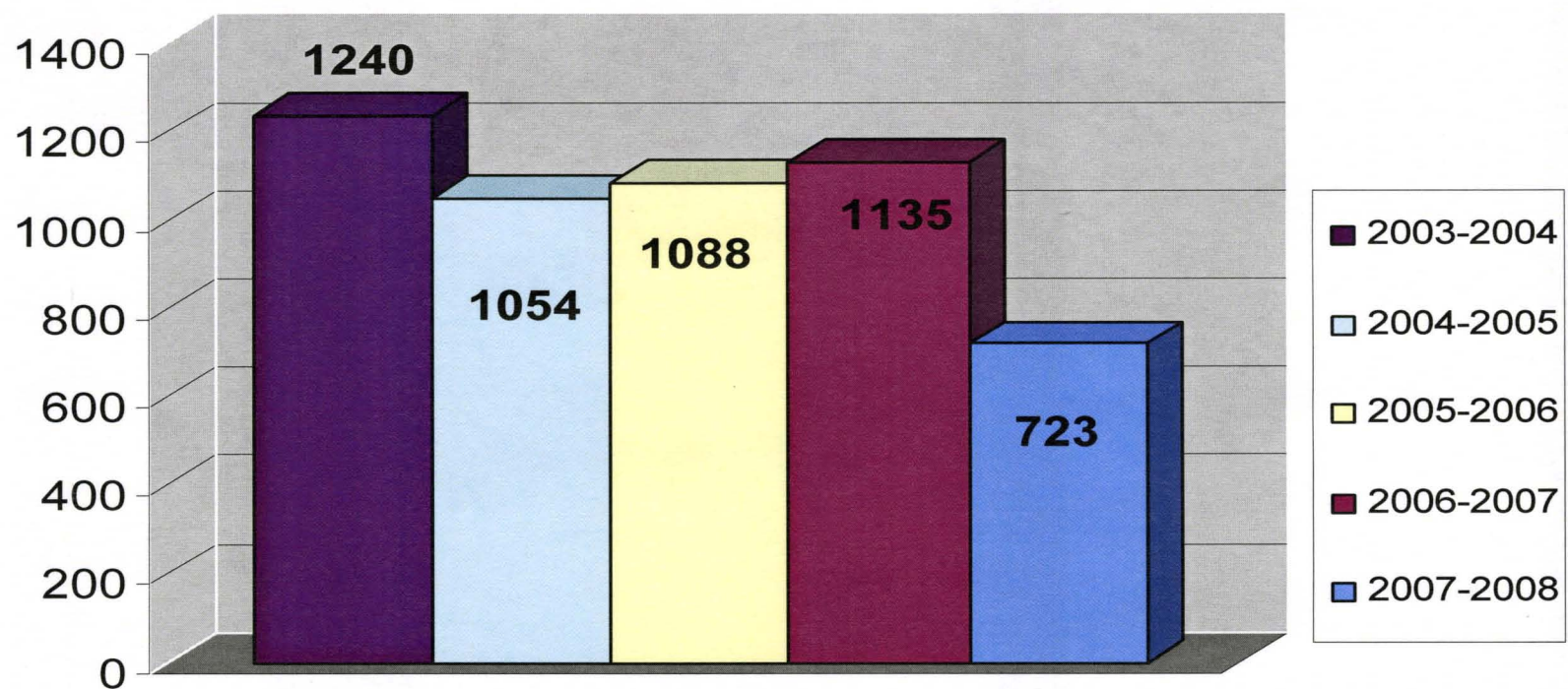
The web site *Autism Pro* offers two excellent on-line workshops with power-point slides, video examples, and knowledge check questions. Two of the workshops are free. One workshop is 1-hour and the other workshop is 2-hours. The workshops are titled *What Is Autism* and *Learning and Independence Support Strategies*. These workshops are convenient for people

who have travel limitations, work schedule limitations or have a need for childcare due to internet being available 24-hours a day.

Several school districts have hired Autism Managers to develop training curriculums for the teachers in their districts. This is cost effective for school districts so they can continue to have teacher coverage in their classrooms, gives them the opportunity to schedule mini-sessions or in-services throughout the year, and utilize teacher work-day as a training session when students are out of school. This allows the district to ensure all of their teachers are trained at one time, no registration fees or travel required.

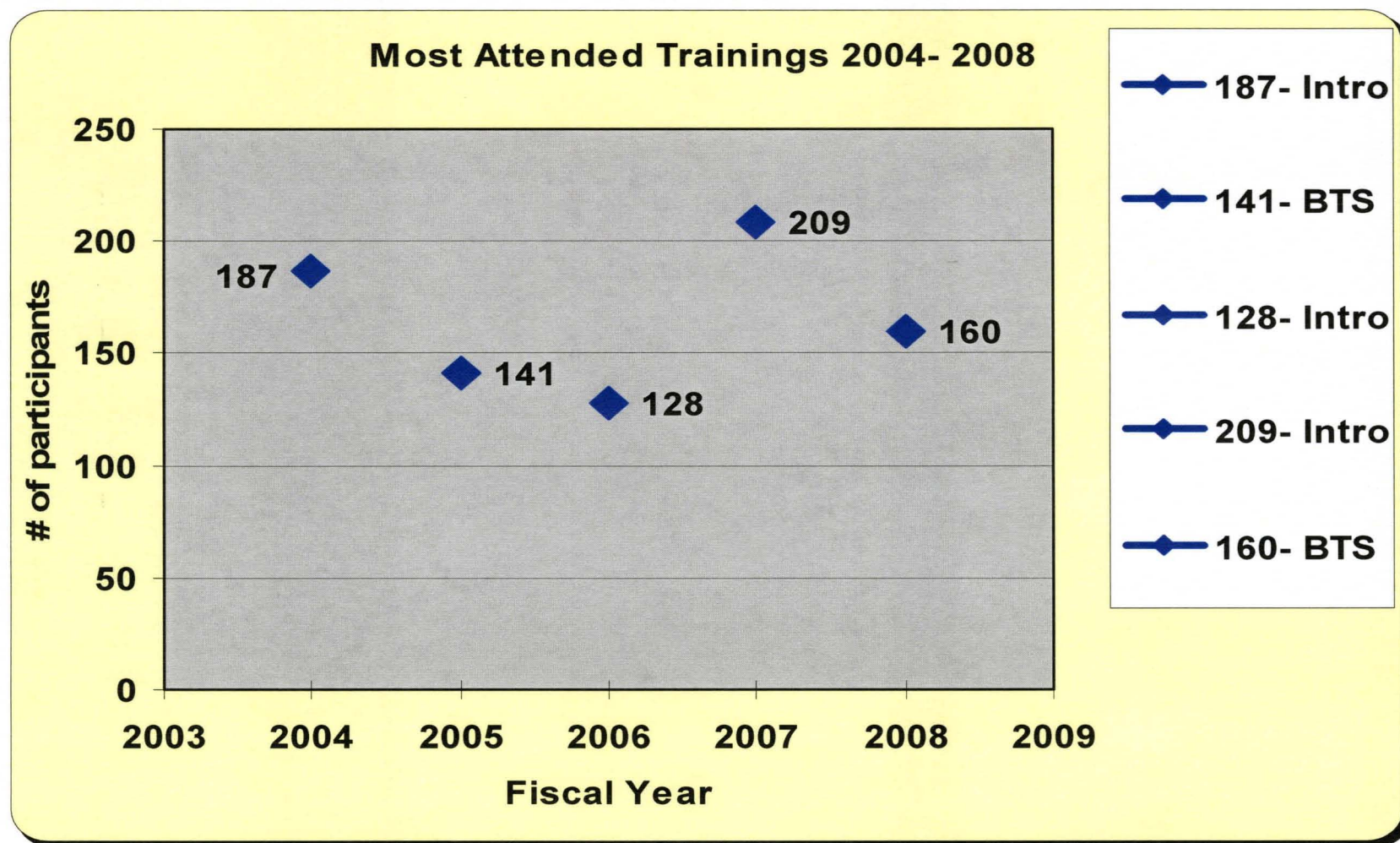
Discussion of the current training calendar involved Autism Division staff and data was reviewed from all regional offices. Although many consultants acknowledged the increase in autism prevalence, the correlation to decreased training attendance was not considered. Hopefully with the knowledge gathered, the Autism Division is well on its way to finding more creative and innovative ways to increase its training attendance.

## Grand Total Attendance Statewide



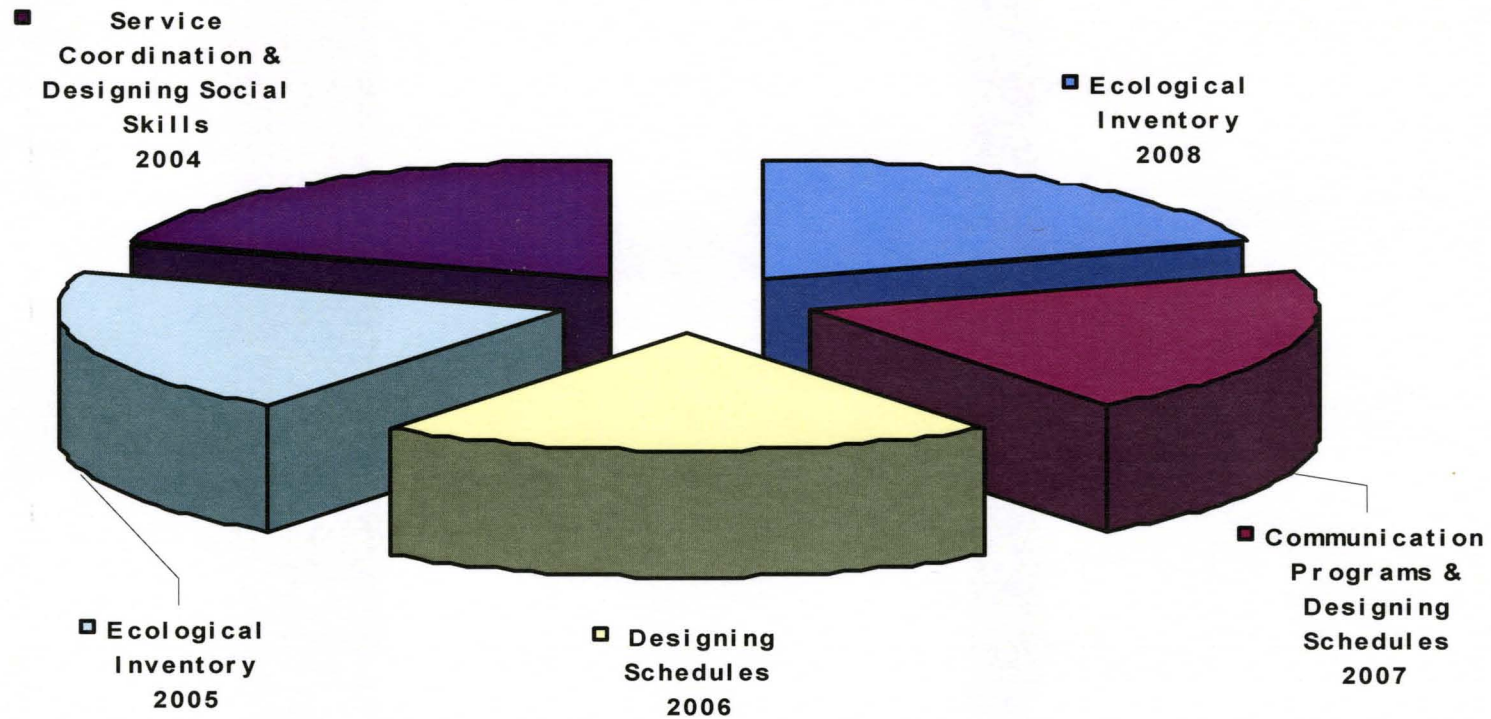
**Graph A**





**Graph B**

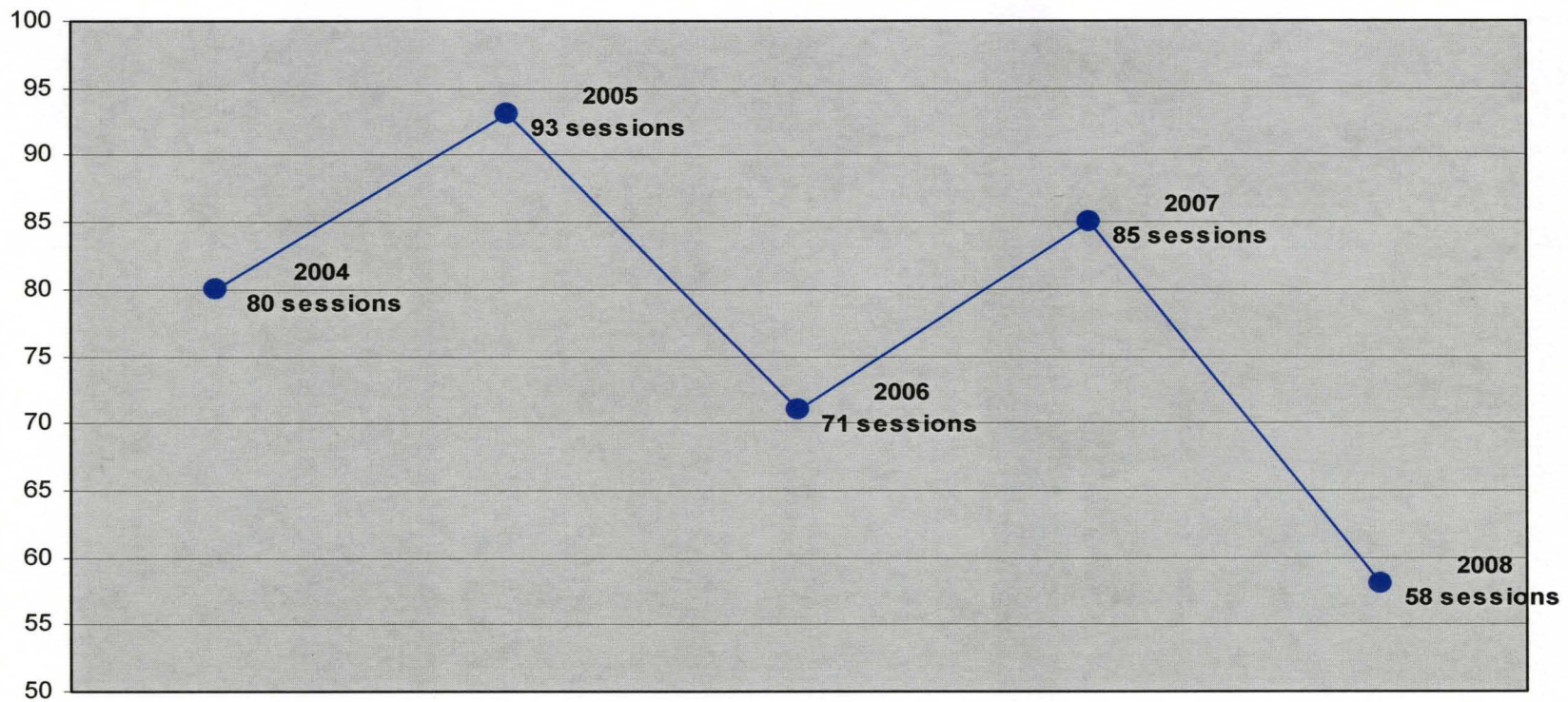
## Least Attended Trainings 2004-2008



**Graph C**

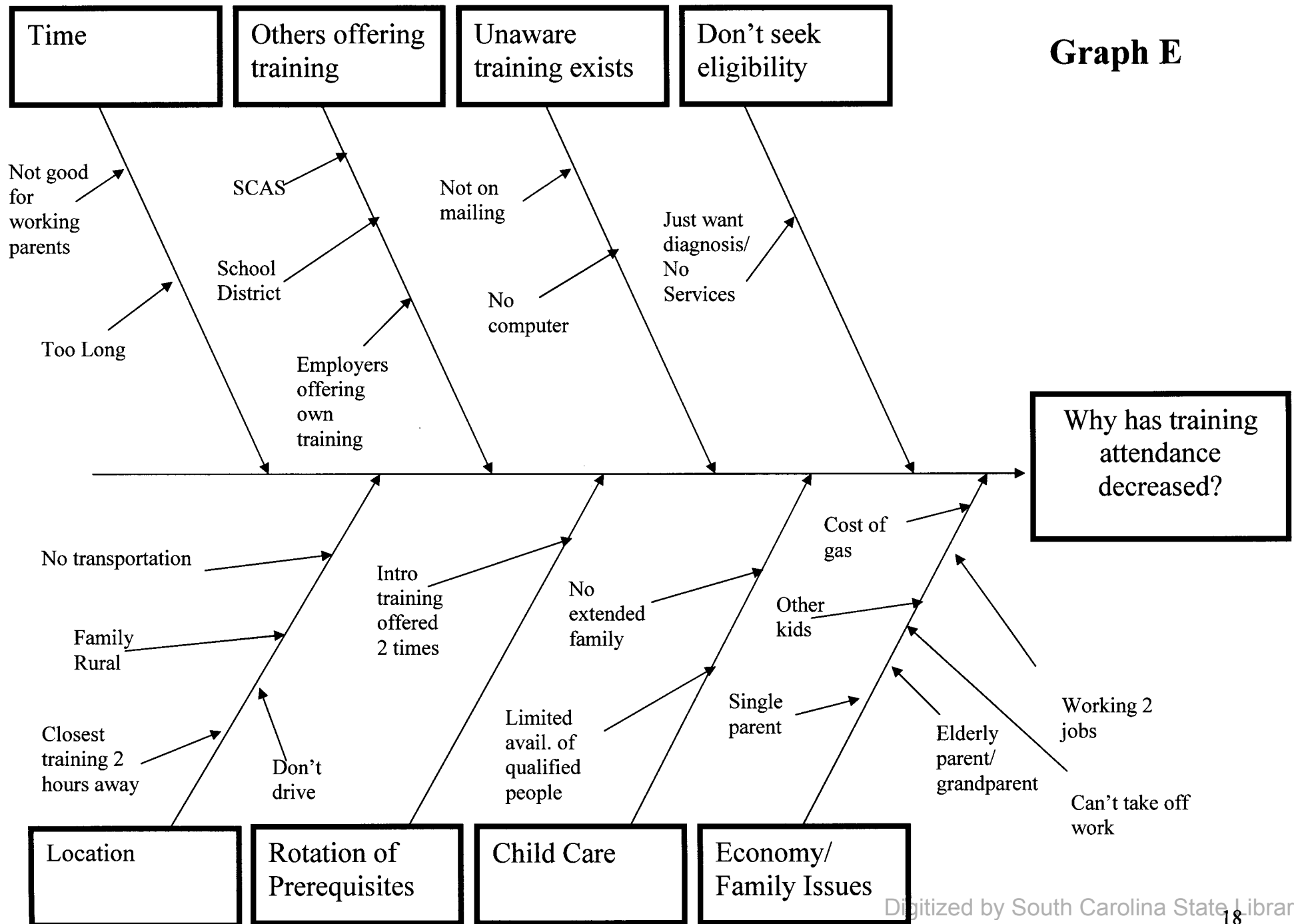


### # of Training Sessions for 2004-2008



**Graph D**

**Graph E**



# Appendix A

SCDDSN - Consumers with Autism By  
Residing County  
As Of 12/10/2008

<u>COUNTY NAME</u>	<u>AUTISM</u>	<u>MALE</u>	<u>FEMALE</u>	<u>AGE 0-21</u>	<u>AGE 22 &amp; OVER</u>
ABBEVILLE	14	11	3	8	6
AIKEN	118	101	17	84	34
ALLENDALE	7	6	1	6	1
ANDERSON	116	95	21	90	26
BAMBERG	11	10	1	5	6
BARNWELL	18	15	3	11	7
BEAUFORT	69	53	16	51	18
BERKELEY	172	138	34	135	37
CALHOUN	14	13	1	9	5
CHARLESTON	317	259	58	239	78
CHEROKEE	23	17	6	18	5
CHESTER	20	18	2	16	4
CHESTERFIELD	34	24	10	21	13
CLARENDON	17	15	2	12	5
COLLETON	35	30	5	23	12
DARLINGTON	42	33	9	37	5
DILLON	18	14	4	11	7
DORCHESTER	203	167	36	155	48
EDGEFIELD	6	6	0	4	2
FAIRFIELD	6	4	2	3	3
FLORENCE	128	109	19	75	53
GEORGETOWN	27	25	2	18	9
GREENVILLE	310	256	54	257	53
GREENWOOD	33	26	7	19	14
HAMPTON	15	14	1	9	6
HORRY	111	95	16	85	26
JASPER	13	10	3	11	2
KERSHAW	56	44	12	41	15
LANCASTER	31	25	6	23	8
LAURENS	69	54	15	38	31
LEE	5	5	0	4	1
LEXINGTON	167	126	41	122	45
MARION	29	26	3	17	12
MARLBORO	9	8	1	6	3
MCCORMICK	6	6	0	3	3
NEWBERRY	21	18	3	11	10
OCONEE	39	31	8	31	8
ORANGEBURG	85	69	16	63	22
PICKENS	61	51	10	42	19
RICHLAND	331	271	60	228	103
SALUDA	6	6	0	5	1
SPARTANBURG	196	167	29	129	67
SUMTER	58	46	12	43	15
UNION	22	18	4	15	7
WILLIAMSBURG	24	17	7	19	5
YORK	90	72	18	68	22
	<b>3,202</b>	<b>2,624</b>	<b>578</b>	<b>2,320</b>	<b>882</b>

## Appendix B

SCDDSN - Consumers with Autism By Residing  
County

As Of March 5, 2008

<u>COUNTY NAME</u>	<u>AUTISM</u>	<u>MALE</u>	<u>FEMALE</u>	<u>AGE 0-21</u>	<u>AGE 22 &amp; OVER</u>
ABBEVILLE	12	10	2	8	4
AIKEN	109	91	18	79	30
ALLENDALE	7	6	1	6	1
ANDERSON	113	94	19	89	24
BAMBERG	12	11	1	6	6
BARNWELL	20	16	4	11	9
BEAUFORT	70	54	16	52	18
BERKELEY	147	116	31	111	36
CALHOUN	14	13	1	10	4
CHARLESTON	307	249	58	236	71
CHEROKEE	23	17	6	19	4
CHESTER	18	16	2	15	3
CHESTERFIELD	32	22	10	19	13
CLARENDON	18	16	2	14	4
COLLETON	35	32	3	25	10
DARLINGTON	40	31	9	36	4
DILLON	20	15	5	13	7
DORCHESTER	189	158	31	147	42
EDGEFIELD	7	7	0	4	3
FAIRFIELD	5	3	2	3	2
FLORENCE	127	107	20	74	53
GEORGETOWN	28	26	2	20	8
GREENVILLE	288	237	51	238	50
GREENWOOD	33	26	7	20	13
HAMPTON	16	14	2	10	6
HORRY	106	93	13	81	25
JASPER	13	10	3	11	2
KERSHAW	52	40	12	37	15
LANCASTER	30	25	5	22	8
LAURENS	71	56	15	41	30
LEE	5	5	0	5	0
LEXINGTON	162	119	43	120	42
MARION	28	25	3	17	11
MARLBORO	9	8	1	7	2
MCCORMICK	6	6	0	3	3
NEWBERRY	21	18	3	11	10
OCONEE	39	32	7	31	8
ORANGEBURG	85	68	17	65	20
PICKENS	59	49	10	41	18
RICHLAND	319	265	54	221	98
SALUDA	6	6	0	5	1
SPARTANBURG	191	161	30	126	65
SUMTER	55	44	11	40	15
UNION	22	19	3	15	7
WILLIAMSBURG	25	18	7	20	5
YORK	93	75	18	70	23
	<b>3,087</b>	<b>2,529</b>	<b>558</b>	<b>2,254</b>	<b>833</b>

## South Carolina Autism and Developmental Disabilities Monitoring Program

### **The Autism and Developmental Disabilities Monitoring Network (ADDM Network)**

The Centers for Disease Control and Prevention (CDC) is now funding researchers in several states, including South Carolina, to develop programs to monitor the prevalence of autism spectrum disorders (ASDs). The goal of the ADDM Network is to provide comparable, population-based estimates of the prevalence rates of autism and related disorders at different sites over time. For more information please see: <http://www.cdc.gov/autism>

**The South Carolina Autism and Developmental Disabilities Monitoring Program (SC ADDM)** is a population-based investigation, modeled after the CDC Metropolitan Atlanta Developmental Disabilities Surveillance Program. Information from both clinical and nonclinical sources is used to establish the rate of autism spectrum disorders in the study region. The investigators are members of the Department of Developmental Pediatrics and the Department of Biostatistics, Bioinformatics and Epidemiology at the Medical University of South Carolina (MUSC).

**What part of South Carolina is included in the South Carolina Autism Study?** The study includes all of the Coastal and Pee Dee regions, comprising 23 counties, in the eastern half of the state. About 25,000 babies are born in this part of the state each year.

**What is the age of the children in the study?** The study will focus on 8-year-old children.

**How many people 6–21 years of age are classified as having autism by the South Carolina Department of Education?** During the 2004-2005 school year, the State Department of Education reported serving 1729 students with autism.

**How common are autism spectrum disorders (ASDs) among people who live in South Carolina?** Data available from SC-ADDM from the 2000 study year found that 6.3 per 1,000 children had an ASD. This resulted in 155 eight year old children being identified with an ASD within the South Carolina study area. In the 2002 study year SC-ADDM found that 6.0 per 1,000 children had an ASD. This resulted in 140 children being identified with an ASD within the South Carolina study area.

**What kinds of education and training programs will the project offer to people who work with children who have ASDs?** SC ADDM team will continue to present programs to increase awareness, screening, diagnosis and early intervention. Between 2003-2006 SC ADDM gave over 60 presentations to local, regional, state and national organizations reaching over 1000 service providers and stakeholders including:

- ☐ Early Childhood educators including the staff of the Baby Net Program, an early intervention program working with young children from birth through 2 years of age
- ☐ School psychologists, special education teachers, and special education directors,
- ☐ Pediatricians, family medicine doctors, and residents in pediatric and family medicine
- ☐ Child psychiatrists and psychologists
- ☐ Parents and the general public

**What are some of the other programs in South Carolina that work with children with ASD and their families?** Other ASD programs in South Carolina include the Autism Division of the South Carolina Department of Developmental Disabilities and Special Needs, the South Carolina Autism Society, and the Carolina Autism Resource and Evaluation Center.

**Do any laws or statutes in South Carolina have to do with ASD?** Not at present.

**Does study staff work with any other monitoring programs in the state?** Not at present.

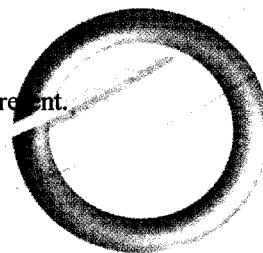
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### Sessions That Require Prerequisite Training

These sessions are competency based. Acquisition of target skills will be validated.

#### Designing Daily Schedules

**Who should attend:** Any professional and family members of people with autism.

Planning and organizing the events and activities of the day is of major importance to a person with autism. This one-day training session covers principles, strategies and a process for designing a daily schedule for one or more people with autism. Attendees will demonstrate competency by either revising a current daily schedule for a person with autism or designing a new one.

**CEU's available in Social Work & SLPA**

**Note:** Before attending this training session people must have completed either Basic Treatment Strategies or Supporting Adults with Autism.

#### Data

**Who should attend:** Any professional and family members of people with autism.

Accurate data collection and its correct analysis is an essential part of applied behavior analysis (ABA). This one-day training session presents several basic data collection techniques. Competency is validated by identifying data collection systems, recording, graphing and analyzing data.

**CEU's available in Social Work & SLPA**

**Note:** Before attending this training session people must have completed either Basic Treatment Strategies or Supporting Adults with Autism.

#### Communication Programs

**Who should attend:** Any professional and family members of people with autism.

Impairments in communication is one of the main difficulties for people with autism. This one-day training session has two phases. The first phase teaches people how to assess the communication skills and needs of a person with autism. The second phase trains people to use the assessment information to design a communication program specific to the individual. Competency is validated by the quality of the Communication Plan designed.

**CEU's available in Social Work & SLPA**

**Note:** Before attending this training session people must have completed either Basic Treatment Strategies or Supporting Adults with Autism.

#### Visual Supports

**Who should attend:** Any professional and family members of people with autism.

Visual Supports are an effective method in assisting people with autism be more independent and display appropriate behavior. This one-day training session teaches attendees how to select and design a visual support(s) for a person with autism. Competency is validated by the quality of the Visual Support designed.

**CEU's available in Social Work & SLPA**

**Note:** Before attending this training session people must have completed either Basic Treatment Strategies or Supporting Adults with Autism.

#### Designing Social Skills Training for People with Autism

**Who should attend:** Any professional and family members of people with autism.

Impairments in social skills is one of the main difficulties for people with autism. This one-day training session has two phases. The first phase teaches people how to assess the social skills and needs of a person with autism. The second phase trains people to use the assessment

information to design a social skills training plan specific to the individual. Competency is validated by the quality of the Social Skills Training designed.

**CEU's available in Social Work & SLPA.**

**Note:** Before attending this training session people must have completed any one of: Basic Treatment Strategies, Supporting Adults with Autism or **ABBIS**.

### **Early Interventionist Training for Autism: Setting up Home Programs**

**Who should attend:** Early Interventionists, family members of people with autism.

This two-day training involves lecture, discussion and role play. Attendees are given materials and training to develop a home program for a pre-school age child with autism or similar communicative handicap. Part of the materials includes a developmental chart to assist in expanding the program as the child learns skills. Competency is validated by quality of work session designed and the demonstration of a minimum number of basic teaching skills and techniques in role-play settings.

**CEU's available in Social Work & SLPA. Credentialing available through the  
Team for Early Childhood Solutions (TECS).**

**Note:** Before attending this training session people must have completed either the One-Day Introduction to Autism or the One-Day training for Early Interventionists.

% of Training Booklets Returned

Fiscal Year	# of Training Booklets Sent	# of Training Booklets returned by Post Office	% of Training Booklets returned by Post Office
2008- 09	4500	32	1%
2007- 08	5000	51	1%
2006- 07	5000	# not available	*****
2005- 06	5540	120	2%
2004- 05	5540	# not available	*****



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